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Jun 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F93000001121 (3)**

1. Corporation Name
ORLANDO BASEBALL CONCESSIONS, INC.

Principal Place of Business	Mailing Address
267 TAMPA AVENUE, SOUTH SUITE 2017 ORLANDO FL 32805 US	435 N MICHIGAN AVENUE SUITE 600 ORLANDO FL 60611 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/01/1993

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-3155560	☐ Applied For ☐ Not Applicable
21 [illegible]	26 One Tropicana DR		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 St. Petershurg FL	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 33705 / Country 30 Pinellas	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] Joan P. Higgins 4-22-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PD~~	☐ DELETE	1.1 TITLE	P, S, T, D	☒ Change ☐ Addition
NAME	~~MCGUIRE, MARK~~		1.2 NAME	Vincent J Naimoli	
STREET ADDRESS	~~1060 WEST ADDISON STREET~~		1.3 STREET ADDRESS	One Tropicana Drive	
CITY-ST-ZIP	~~CHICAGO IL~~		1.4 CITY-ST-ZIP	St Petershurg FL 33705	
TITLE	~~VT~~	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	~~KOWAL, CONRAD~~		2.2 NAME		
STREET ADDRESS	~~1060 WEST ADDISON STREET~~		2.3 STREET ADDRESS		
CITY-ST-ZIP	~~CHICAGO IL~~		2.4 CITY-ST-ZIP		
TITLE	~~S~~	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	~~KENNEY, CRANE H~~		3.2 NAME		
STREET ADDRESS	~~435 N. MICHIGAN AVENUE~~		3.3 STREET ADDRESS		
CITY-ST-ZIP	~~CHICAGO IL 60611~~		3.4 CITY-ST-ZIP		
TITLE	~~V~~	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	~~WEXELBERG, ROGER~~		4.2 NAME		
STREET ADDRESS	~~1060 WEST ADDISON STREET~~		4.3 STREET ADDRESS		
CITY-ST-ZIP	~~CHICAGO IL~~		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 4-22-98 (813) 825-7132